

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51		/		
2		/					52		/		
3	/						53		/		
4		/					54		/		
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41		/					91				
42		/					92				
43		/					93				
44		/					94				
45	/						95				
46	/						96				
47		/					97				
48		/					98				
49		/					99				
50	/						100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				